

FILED

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

UNITED STATES DISTRICT COURT

for the

Eastern District of Virginia

Alexandria Division

Case No.

1:18-CV-1531-20/JFA
(to be filled in by the Clerk's Office)Jamelle Denise Harris

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Frontpoint

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

COMPLAINT FOR EMPLOYMENT DISCRIMINATION

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>Jamelle Denise Harris</u>
Street Address	<u>131 Irvington ST SW Apt 101</u>
City and County	<u>Washington</u>
State and Zip Code	<u>DC, 20032</u>
Telephone Number	<u>2027056106</u>
E-mail Address	<u>Bzyldyndc@gmail.com</u>

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

Defendant No. 1

Name	Frontpoint
Job or Title <i>(if known)</i>	
Street Address	1595 Spring Hill Road, Suite 110
City and County	Vienna
State and Zip Code	VA, 22182
Telephone Number	877-602-5276
E-mail Address <i>(if known)</i>	

Defendant No. 2

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 3

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

Defendant No. 4

Name	
Job or Title <i>(if known)</i>	
Street Address	
City and County	
State and Zip Code	
Telephone Number	
E-mail Address <i>(if known)</i>	

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is

Name	Frontpoint
Street Address	1595 Spring Hill RD Suite 110
City and County	Vienna
State and Zip Code	VA, 22182
Telephone Number	877-602-5276

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to *(check all that apply)*:

- ☐ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

- ☐ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)

- ☒ Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

- ☐ Other federal law *(specify the federal law)*:

- ☐ Relevant state law *(specify, if known)*:

- ☐ Relevant city or county law *(specify, if known)*:

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes *(check all that apply)*:

- ☐ Failure to hire me.
- ☐ Termination of my employment.
- ☐ Failure to promote me.
- ☒ Failure to accommodate my disability.
- ☐ Unequal terms and conditions of my employment.
- ☐ Retaliation.
- ☐ Other acts *(specify)*: _____

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

03/13/2017, 03/21/2017, 06/13/2017, 12/9/2017, 02/20/2018, 02/27/2018, 03/29/2018, 07/13/2018

C. I believe that defendant(s) *(check one)*:

- ☒ is/are still committing these acts against me.
- ☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my *(check all that apply and explain)*:

- ☐ race _____
- ☐ color _____
- ☐ gender/sex _____
- ☐ religion _____
- ☐ national origin _____
- ☐ age *(year of birth)* _____ *(only when asserting a claim of age discrimination.)*
- ☒ disability or perceived disability *(specify disability)*
Bipolar Disorder, Anxiety

E. The facts of my case are as follows. Attach additional pages if needed.

I requested an option to telecommute verbally to manager Steve Zander Feb. 14th, 2017

I asked verbally about work from home/ telecommute options March 13th, 2017 (Tiffany Oscar, HR Representative) Verbally advised that there are no options for me to work from home/telecommute.

A 1st Written request submitted on 3/21/17 to Tiffany Oscar, HR Representative

In addition to my daily position working during the day, I participated in after-hours support, working overnight for the company. June 13th, 2017 I needed to resign from after-hours support because of worsening health conditions. I had a meeting with Peter Fallon and Jennifer Katzowitz verbally confirming my need to work from home and wish to continue AHUS full-time position overnight but unable to work both, day and night positions because of fatigue, mental strain, and disability. Confirmed my worsening anxiety and mood swings because of lack of sleep. Both team leads declined future of the fulltime work from home positions. Encouraged to continue position. Had to discontinue immediately because of worsening health.

Work from home Fulltime positions piloted October 2017. Company communicated change in quarterly meeting Dec 9th, 2017 without consideration of myself who'd been inquiring for some time. I felt shut out because I disclosed a disability.

February 20th, 2018 (email) March 29th, 2018 (email) Continued request to work from home multiple times throughout my pregnancy, before during and after maternity leave, declined.

Feb 20th and 27th by email continued reason included Frontpoint not having the technical ability to offer a work from home option despite inclement weather options, and other employees telecommuting almost daily including the full-time work-from-home employees.

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)

06/28/2018

- B. The Equal Employment Opportunity Commission (check one):

☐

has not issued a Notice of Right to Sue letter.

☒

issued a Notice of Right to Sue letter, which I received on (date) 10/4/2018.

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct (*check one*):

- ☐ 60 days or more have elapsed.
☐ less than 60 days have elapsed.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I feel I should be compensated for days I had to take off because of my disability where I asked for an accommodation of a change in schedule and commute that was available at the company. I could have supported both the business and my family and worked from home. I asked to be transferred to a permanent shift where I wouldn't have to ask for further accommodations. The company sited that a position was not available yet and as soon as it was that I would be transferred into it. Instead, I was left waiting and the job was given to someone else less qualified with less seniority forcing me out of the company. The wrongs are continuing at the present time as I communicated why I was not able to continue the position because of my disability and still no one has contacted me about adjusting my accommodations. I missed approximately 320 hours of work at an approximate rate of \$21.73 an hour which equaled \$6,953.60 while in the position at Frontpoint. I have also had to accept work locally where I am being paid \$14.75 hourly because I have not been able to find the same type of work with the same rate of pay and had to accept something to support my family without so much strain on my health that Frontpoint was causing. The difference here is \$7,274. I am also requesting an amount upward of \$10,000 for displacement as the court sees fit for dishonesty because they lied to me and required me to disclose medical information, shared it without discretion, and then held it against me under the guise of creating a position that would allow me to work without direct public interaction and stress of a long commute and would better accommodate my disability. I am requesting a total of \$24,227.60.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

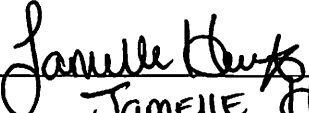
I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

Date of signing: 12/10/2018

Signature of Plaintiff

Printed Name of Plaintiff


JAMELLE HARRIS

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF VIRGINIA
Alexandria DIVISION

JAMELLE DENISE DARRIS

Plaintiff(s),

v.

Civil Action Number: 1:18-cv-1531

Frontpoint

Defendant(s).

LOCAL RULE 83.1(M) CERTIFICATION

I declare under penalty of perjury that:

No attorney has prepared, or assisted in the preparation of A0 239 AND Complaint.
(Title of Document)

Jamelte Darris

Name of Pro Se Party (Print or Type)

Jamelte Darris

Signature of Pro Se Party

Executed on: 12/10/18 (Date)

OR

The following attorney(s) prepared or assisted me in preparation of _____.
(Title of Document)

(Name of Attorney)

(Address of Attorney)

(Telephone Number of Attorney)

Prepared, or assisted in the preparation of, this document

(Name of Pro Se Party (Print or Type)

Signature of Pro Se Party

Executed on: _____ (Date)